

ACCOMPANYING APPLICATION PARTS

9. _____ **Assignment Papers (cover sheet & documents(s))**
10. _____ a. Separate 37 CFR 3.73(b) Statement (where there is an assignee)
- _____ b. Power of Attorney
11. _____ English Translation Document (if applicable)
12. _____ a. Information Disclosure Statement (IDS)/PTO-1449
- _____ b. Copies of IDS Citations
13. _____ **Preliminary Amendment**
14. X **Return Receipt Postcard (MPEP 503) (Should be specifically itemized)**
15. _____ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. _____ **Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.**
17. X Other: Copy of postcard and Certificate of Express Mailing pursuant to CFR §1.10.

18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

_____ Continuation _____ Divisional _____ Continuation-in-part (CIP)
Of Prior Application No.: _____ Examiner _____ Group Art Unit _____

(which is a _____ continuation/ _____ divisional/ _____ CIP of prior application no. _____,
which is a _____ continuation/ _____ divisional/ _____ CIP of prior application no. _____) (List entire chain of priority)

For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18B. Statement under 37 CFR 3.73(b) for continuing application:

The undersigned states that _____ (name of assignee) is
the assignee of the entire right, title, and interest in the accompanying patent application by virtue of an
assignment recorded in the Patent and Trademark Office at Reel. No. _____ Frame No. _____
(or a copy of which is attached).

19. Correspondence Address

_____ Customer Number or Bar Code Label _____
or _____ (Insert Customer No. or Attach Bar Code Label here)

X Correspondence Address Below

NAME John P. Ward

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

ADDRESS 12400 Wilshire Boulevard

Seventh Floor

CITY Los Angeles STATE California ZIP CODE 90025-1026

Country U.S.A. TELEPHONE (408) 720-8300 FAX (408) 720-9397

Name (PRINT/TYPE): Florin Corie Registration No.: 46,244

Signature:  Date: December 29, 2000

EXPRESS MAIL CERTIFICATE OF MAILING

"Express Mail" mailing label number: EL 617 210 163 US

Date of Deposit: December 29, 2000

I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

Tina Domingo

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

(Date signed)

12-29-2000

Serial/Patent No.: * * Filing/Issue Date: Herewith
Client: Intel Corporation
Title: Method and Apparatus For Disabling A Computer System Bus Upon
Detection Of A Power Fault
BSTZ File No.: 42390.P9942 Atty/Secty Initials: EHT/JPW/CEW/td
Date Mailed: 12-29-2000 Docket Due Date: * *

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

- | | |
|--|---|
| <input type="checkbox"/> Amendment/Response (____ pgs.) | <input checked="" type="checkbox"/> Express Mail No.: <u>EL617210163US</u> <input checked="" type="checkbox"/> Check No. <u>40023</u> |
| <input type="checkbox"/> Appeal Brief (____ pgs.) (in triplicate) | <input type="checkbox"/> _____ Month(s) Extension of Time Amt: <u>\$710.00</u> |
| <input checked="" type="checkbox"/> Application - Utility (<u>12</u> pgs., with cover and abstract) | <input type="checkbox"/> Information Disclosure Statement & PTO 1449 (____ pgs.) <input type="checkbox"/> Check No. _____ |
| <input type="checkbox"/> Application - Rule 1.53(b) Continuation (____ pgs.) | <input type="checkbox"/> Issue Fee Transmittal Amt: _____ |
| <input type="checkbox"/> Application - Rule 1.53(b) Divisional (____ pgs.) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Application - Rule 1.53(b) CIP (____ pgs.) | <input type="checkbox"/> Petition for Extension of Time |
| <input type="checkbox"/> Application - Rule 1.53(d) CPA Transmittal (____ pgs.) | <input type="checkbox"/> Petition for _____ |
| <input type="checkbox"/> Application - Design (____ pgs.) | <input checked="" type="checkbox"/> Postcard |
| <input type="checkbox"/> Application - PCT (____ pgs.) | <input type="checkbox"/> Power of Attorney (____ pgs.) |
| <input type="checkbox"/> Application - Provisional (____ pgs.) | <input type="checkbox"/> Preliminary Amendment (____ pgs.) |
| <input type="checkbox"/> Assignment and Cover Sheet | <input type="checkbox"/> Reply Brief (____ pgs.) |
| <input checked="" type="checkbox"/> Certificate of Mailing (Express Mail) | <input type="checkbox"/> Response to Notice of Missing Parts |
| <input checked="" type="checkbox"/> Declaration & POA (<u>4</u> pgs.) (Unexecuted) | <input type="checkbox"/> Small Entity Declaration for Indep. Inventor/Small Business |
| <input type="checkbox"/> Disclosure Docs & Orig & Copy of Inventor's Signed Letter (____ pgs.) | <input checked="" type="checkbox"/> Transmittal Letter, in duplicate (3 pages) |
| <input checked="" type="checkbox"/> Drawings <u>2</u> # of sheets includes <u>2</u> figures | <input checked="" type="checkbox"/> Fee Transmittal, in duplicate |

☐ Other: _____

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL FOR FY 2001

TOTAL AMOUNT OF PAYMENT (\$)	\$710.00
-------------------------------------	-----------------

Complete if Known:

Application No.	<u>Not Assigned</u>
Filing Date	<u>December 29, 2000 (Concurrently Herewith)</u>
First Named Inventor	<u>Joseph A. Bennett</u>
Group Art Unit	<u>Not Assigned</u>
Examiner Name	<u>Not Assigned</u>
Attorney Docket No.	<u>42390.P9942</u>

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666
Deposit Account Name _____

- [] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17**

- [] Applicant claims small entity status. See 37 CFR 1.27**

2. X Payment Enclosed: X ☒ Check
☐ Credit Card
☐ Money Order
☐ Other

FEE CALCULATION

1. BASIC FILING FEE

<u>Large Entity</u>		<u>Small Entity</u>			
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>		
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>	<u>Fee Description</u>	<u>Fee Paid</u>
101	710	201	355	Utility application filing fee	710.00
106	320	206	160	Design application filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional application filing fee	

SUBTOTAL (1) \$ 710.00

2. EXTRA CLAIM FEES

2. <u>EXTRA CLAIM FEES</u>			<u>Fee from</u>	
		<u>Extra Claims</u>	<u>below</u>	<u>Fee Paid</u>
Total Claims	<u>16</u>	- 20** = <u>0</u>	X 18.00	= <u> </u>
Independent Claims	<u>3</u>	- 3** = <u>0</u>	X 80.00	= <u> </u>
Multiple Dependent				= <u> </u>

Multiple Dependent

****Or number previously paid, if greater; For Reissues, see below.**

<u>Large Entity</u>		<u>Small Entity</u>		
Fee	Fee	Fee	Fee	
Code	(\$)	Code	(\$)	<u>Fee Description</u>
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

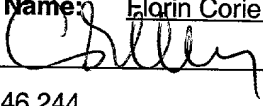
<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
Other fee (specify) _____					

SUBTOTAL (3) \$ 0.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Elorin Corie

Signature:  Date: December 29, 2000

Reg. Number: 46,244 Telephone Number: 408-720-8300

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.